SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

np (Received) 5 \_\_ ധ 2017

Bayfield Co. Zoning Dept

Permit #: Refund: Date: Amount Paid: 7-0379 9-18-17

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Section (58), Township (44) N, Range (59)	1/4,1/4   Gov't Lot   Lot(s)	PROJECT LOCATION Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))			Brenda Drail		TYPE OF PERMIT REQUESTED → ☐ LAND USE ☐ SANI
Том	CSM VOI & Page 13   CSM	Tax ID# (4-5 digits)	Agent Phone:			40136 Cal	Mailing Address:	TARY   PRIVY
ar ne)	Lot(s) No.		Agent Mailing Address (include Cit	Plumber:	ST873	Harina Barraso U	City/State/Zip:	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE
1018 X 1000 1000 1000 1000 1000 1000 100	Subdivisio	Recorded Deed (i.e.	y/State/Zip):			EL PAS T	,	
* 2.585		# assigned by Register of R-S65 48	Written Authorizatic Attached  Pes No	Plumber Phone:	718558115	Call Bhone.	Telephone:	□ B.O.A. □ OTHER
	Tot NES	CSM VOI & Page   Lot(s) No.   Block(s) No.   337 3 1178   Town of:	Legal Description: (Use Tax Statement)   Tax ID# (4-5 digits)   Recorded Document #:   Legal Description: (Use Tax Statement)   Lot(s)   CSM   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision     1/4	Agent Phone:  Agent Mailing Address (include City/State/Zip):  Tax ID# (4-5 digits)  Pecorded De Document #  Lot(s) CSM Vol & Page   Lot(s) No.   Block(s) No.   Subdivision    Document #  Subdivision   Subdivision   Subdivision    Document #	Agent: (Person Signing Application on behalf of Owner(s))  ON  Legal Description: (Use Tax Statement)  1/4,1/4  3	Property:    City/State/Zip:   Contractor Phone:   Plumber:	Property:  Property:    City/State/Zip:   Country   City/State/Zip:   Country   City/State/Zip:   Country   City/State/Zip:   Country   City/State/Zip:   Country   Co	Mailing Address:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Plumber:   Agent Mailing Address (include City/State/Zip):   Agent: (Person Signing Application on behalf of Owner(s))   Agent Phone:   Agent Mailing Address (include City/State/Zip):   Agent Mailing Address (include City/State/Z

_		г									T		Sec. 2
Proposed Construction	<b>Existing Structure</b>			2121			•	•		Value at Time of Completion * include donated time & material	☐ Non-Shoreland	Shoreland →	
inction:	Existing Structure: (if permit being applied for is relevant to it)	0	& Gradung	Property	□ Run a Business on	☐ <b>Relocate</b> (existing bldg)	□ Conversion	☐ Addition/Alteration	□ New Construction	Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	Uls Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?
	or is relevant to it)			☐ Foundation		☐ Basement	□ 2-Story	☐ 1-Story + Loft	🔻 1-Story	# of Stories and/or basement	. Harden	1000 feet of Lake, Pond If yo	n 300 feet of River, Strea of Floodplain?
Length:	Length:				, market and a second a second and a second			☐ Year Round	¥ Seasonal	Use		Pond or Flowage If yescontinue —	tream (incl. Intermittent) If yescontinue —>
	a de la constanta de la consta				□ None		3	<b>√</b> 0 2	1	# of bedrooms		Distance Stru	Distance Struc
Width:	Width:		□ None	☐ Compost Toilet	☐ Portable (w/service contract)	Privy (Pit) or Uaulted (min 200 gallon)	Sanitary (Exists) Specify Type: Consching	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline:	Distance structure is from shoreline:
Height:	Average de la constitución de la	- Antimities		ntract)	Ilted (min 200 gallon)	ify Type: Canal Hours	ify Type:		oe of ry System operty?		XYes □ No	in ne?	
	ALL WATER TO THE PARTY OF THE P	A PANAGON AND AND AND AND AND AND AND AND AND AN			1		<u> 1©</u>	X Well	City	Water		¥ No	Are Wetlands Present?

Proposed Use	<	Proposed Structure	Dimensions
		Principal Structure (first structure on property)	×
		Residence (i.e. cabin, hunting shack, etc.)	×
-		with Loft	×
Residential Use		with a Porch	×
		with (2 <sup>nd</sup> ) Porch	×
		with a Deck	×
		with (2 <sup>nd</sup> ) Deck	×
☐ Commercial Use		with Attached Garage	×
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	×
		Mobile Home (manufactured date)	×
		Addition/Alteration (specify)	×
Municipal Use		Accessory Building (specify)	×
		Accessory Building Addition/Alteration (specify)	×
	X	Special Use: (explain) Grading Shimp removed	58×85
		Conditional Use: (explain)	×
		Other: (explain)	( ×

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief its true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. CI MALL

Owner(s): You

Authorized Agent:

Address to send permit \_

War and Alexanders Market Sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of any this application)

Date

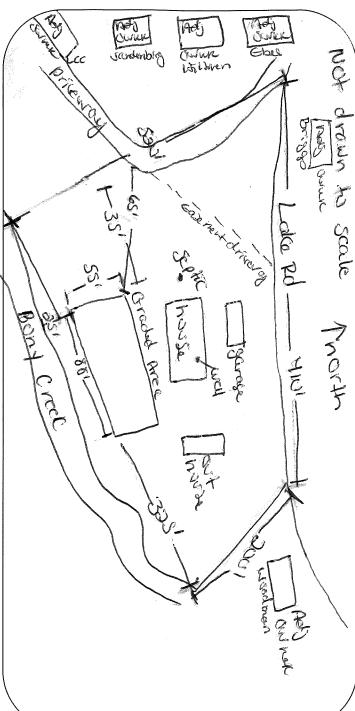
Date

2/10/13 Copy of Tax Statement rchased the property send your Reco

Barres WI

Show:

Show any (\*): Show any (\*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description Mea	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	しる Feet	Setback from the River, Stream, Creek	かい Feet
		Setback from the Bank or Bluff	Feet
Setback from the <b>North</b> Lot Line	ا Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line 351	Feet	20% Slope Area on property	□ Yes 😾 No
Setback from the East Lot Line 205'	C/ Feet	Elevation of <b>Floodplain</b>	Feet
Sothack to Sontic Tank or Holding Tank	E 00+	Cothook to Woll	3 ×
Setback to Drain Field			
Sethack to Driving (Dortable Composting) of shacktons	***************************************	(A)	A CONTRACTOR OF THE CONTRACTOR

Ire more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from ously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

arked by a li (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Date of Permits.

	O co Se con e Richards beauti	n . n . n . n . n . n . n . n . n . n .		
Issuance Information (County Use Only)	Salital A tradition.	TO Deal Collis.	Sallically Date:	
Permit Denied (Date):	Reason for Denial:			
Permit #: 17-0379	Permit Date: 9-/8-/			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Is Structure Non-Conforming Is Yes (Deed of Record) Is Yes (Deed of Record) I Yes (Deed of Record) I Yes (Deed of Record)	Dus Lot(s))  PNo  Mitigation Required  Mitigation Attached	□ Yes □No □ Yes □No	Affidavit Required [ Affidavit Attached [	□ Yes ♣No
Granted by Veriance (B.O.A.)		Previously Granted by Variance (B.O.A.)  □ Yes □ 1406 Case #:	, NA	
Was Parcel Legally Created Wyes ☐ No Was Proposed Building Site Delineated ☐ Yes ☐ No	Were Property Li	Were Property Lines Represented by Owner Was Property Surveyed	Types	□ No
Inspection Record: Sec in Space 100	notes from E	Jezh +	Zoning District Lakes Classification	(P21)
Date of Inspection: 5 12 207	Inspected by:		Date of Re-Inspection:	on:
Condition(s): Town, Committee or Board Conditions Attached? □ Yes □ No - (If No they need to be attached.)  Pur Coい d ハナショッショナ こっぱいの (a w	thed? Tyes Two-(If No they need to be at 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Committee	- epproval	oval
Signature of Inspector:			Date of Approval: $oldsymbol{\mathcal{B}}$	11/57/8 :
Hold For Sanitary: Hold For TBA:	Hold For Affidavit:	Hold For Fees:	THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER	No.
in an artist of the second of				2

May Also Be Required

After-the-Fact

to have been misrepresented, erroneous, or incomplete.

completed or if any prohibitory conditions are violated.

This permit may be void or revoked if any performance conditions are not

SANITARY –
SIGN –
SPECIAL – Class B (upgrade)
CONDITIONAL –
BOA –

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

September 18, 2017

Date

No.	17-	0379		Issue	d To: <b>Br</b>	enda	Drall								
Locatio	n: -	1/4	of <b>-</b>	1/4	Section	8	Township	44	N.	Range	9	W.	Town of	Barnes	
Gov't Lo	t		Lot	2	Blo	ock	Su	bdivisio	on				CSM#	337	
Condit ZC Co	<u>ndition</u>	<u>s:</u> No erosi	o re-st ion co	ructuri ntrol n	ing of the neasures	e sho to p	ommittee Aporeland be revent soil r shall be es	made move	. Bes emen	t and s	igen edin	nent nenta	practices ation of la	and imple ke, or wet	ment lands
												R	ob Schier	man	
NOTE:	This pern work or la				date of issua	ance if t	the authorized co	onstructi	on			Autho	rized Issuinç	Official	
	Changes This perr	in plai	ns or spe y be void	cifications or revoke	s shall not be ed if any of th	made e appli	without obtaining cation informatio	g approv n is four	ral. nd			_			